

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	2876
Suggested Classification::	235/379
Title::	CASH DISPENSING AUTOMATED BANKING MACHINE WITH ADJUSTABLE FASCIA BEZEL
Attorney Docket Number::	D-1221 R9
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	30
Total Drawing Sheets::	97
Small Entity::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: MX
Status:: Full Capacity
Given Name:: Pedro
Middle Name::
Family Name:: Tula
Name Suffix::
City of Residence:: North Canton
State or Province Of Residence:: OH
Country of Residence:: US
Street of mailing address:: 1118 Lindy Lane SW
City of mailing address:: North Canton
State or Province of mailing address:: OH
Country of mailing address:: US
Postal or Zip Code of mailing address:: 44720

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Dolar
Middle Name:: Harshadrai
Family Name:: Vaishnav
Name Suffix::
City of Residence:: Brewster
State or Province Of Residence:: OH
Country of Residence:: US
Street of mailing address:: 688 Muskingum Avenue NW
City of mailing address:: Brewster
State or Province of mailing address:: OH
Country of mailing address:: US
Postal or Zip Code of mailing address:: 44613

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Jeff
Middle Name::
Family Name:: Young
Name Suffix::
City of Residence:: North Canton
State or Province Of Residence:: OH
Country of Residence:: US
Street of mailing address:: 1171 Mount Pleasant NW
City of mailing address:: North Canton
State or Province of mailing address:: OH
Country of mailing address:: US
Postal or Zip Code of mailing address:: 44720

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Dennis
Middle Name::
Family Name:: Felt
Name Suffix::
City of Residence:: Cambridge
State or Province Of Residence:: OH
Country of Residence:: US
Street of mailing address:: 436 N. 12th Street
City of mailing address:: Cambridge
State or Province of mailing address:: OH
Country of mailing address:: US
Postal or Zip Code of mailing address:: 43725

Correspondence Information

Correspondence Customer Number:: 28995

Representative Information

Representative Customer Number:	28995
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Date Filing::
This Application	An application claiming the benefit under 35 USC 119(e)	60/453,667	03/10/2003

Assignee Information

Assignee Name:: Diebold Self-Service Systems
Division of Diebold, Incorporated

City of mailing address:: North Canton

State or Province of mailing address:: OH